

Hypertension

Full name	
Date of birth	
Height in Metres	
Weight in KG	
Are you taking any medication for this condition?	
If yes. Have you ever had your dosage increased? If yes when?	
Have you been admitted to hospital with hypertension or any related condition within the last 3 years? If yes When?	
Do you have any of the following medical conditions? (answer yes or no)	
Coronary artery disease	
Cardiomegaly	
Cerebrovascular disease	
Retinopathy	
Renal abnormalities	
Diabetes	
Hyperlipidaemia	

Please provide a copy of your blood pressure readings for the past 6 months

Hyperlipidaemia

Full name	
Date of birth	
Height in Metres	
Weight in KG	
Are you taking any medication for this condition?	
If yes. Have you ever had your dosage increased? If yes when?	
Have you ever had hypertension or Diabetes?	
Please provide a copy of your most recent cholesterol reading.	
Have you been diagnosed with familial hypercholesterolaemia?	

Please provide any relevant record for the condition

Gout

Full name	
Date of birth	
Height in Metres	
Weight in KG	
On average how many gout flare-ups do you suffer per year?	
Does this condition affect your daily routine or occupation?	Yes/No
So you suffer with chronic or severe gout with joint involvement?	Yes/no
Have you ever had any of the following conditions?	<ul style="list-style-type: none">• Kidney stones• Hypertension• Renal insufficiency• Gouty nephritis• Proteinuria

Diabetes

Full name	
Date of birth	
Height in Metres	
Weight in KG	
Are you taking any medication for this condition?	
How long ago was the Diabetes diagnosed?	
Have you ever had any of the following medical conditions?	<ul style="list-style-type: none">• Ketonuria• Nephropathy or renal insufficiency• Retinopathy• Stroke• Coronary artery disease• Transient ischaemic attack (TIA)• Hypertension• Hyperlipidaemia (High cholesterol)

Please provide a copy of your HbA1c readings